Health, & Welfare Public Service

6. 300 C
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001768
STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Carthage — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): McCune-Brooks Hospital — Length of stay in Ib: 20 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Carthage 493 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 326½ Grant — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Clint Middle: Columbus Last: Stacey

4. DATE OF DEATH: Month Jan. Day 13 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 15, 1889

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired construction worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Stone County, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John W. Stacey

13b. MOTHER'S MAIDEN NAME: Elizabeth Gentry

14. NAME OF HUSBAND OR WIFE: Beatrice S. Stacey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 499-22-4253A

17. INFORMANT: Mrs. Beatrice Stacey, Rt. 4 Address: Carthage, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Nephritis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Alcoholism Chronic. 571.X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-8-58 to 1-13-59 and last saw ~~him~~ alive on 1-11-59
Death occurred at 2:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. D.

22b. ADDRESS: Carthage, Mo.

22c. DATE SIGNED: 1-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 1-16-59

23c. NAME OF CEMETERY OR CREMATORY: Moore Cemetery

23d. LOCATION (City, town, or county) (State): Berryville, Arkansas

24. FUNERAL DIRECTOR ADDRESS: Knell Mortuary, Carthage, Mo.

25. DATE RECD. BY LOCAL REG.: 1-15-59

26. REGISTRAR'S SIGNATURE:

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.